MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4						
5		1				
6	1					
7		6				
8		6				
9		6				
10		6				
11	1					
12	1					
13	1					
14		6				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1					
21		0				
22		1				
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46						
47						
48						
49						
50						
TOTAL IND.	9					
TOTAL DEP.	38					
TOTAL CLAIMS	47					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						